



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

WILLIAM D STRINDEN MD
116 CHRISTI DRIVE
LUFKIN TEXAS 75904

Respondent Name

LIBERTY INSURANCE CORP

Carrier's Austin Representative

Box Number 01

MFDR Tracking Number

M4-12-3046-01

MFDR Date Received

June 1, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I believe the insurance company should pay an additional \$811.09 plus interest because they did not pay the maximum allowable reimbursement according to the Medical Fee Guideline as found in rule 134.203 and commissioners bulletin B-0046-10."

Amount in Dispute: \$811.09

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not respond to the DWC060 request. A copy was placed in the insurance carrier representative box 1 assigned to JT Parker & Associates, LLC. The DWC060 was picked up on June 11, 2012 by Jackie Winans. A decision will therefore be issued based on the information contained in the file at the time of the audit.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 18, 2011	26497, 26497-59, 26485-59, 26485-59 and 35761-59	\$811.09	\$810.14

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- U849 – This multiple procedure was reduced 50% according to fee schedule or Ingenix relative actual charge database or fair health benchmark database
- Z710 – The charge for this procedure exceeds the fee schedule allowance

Issues

1. Did the insurance carrier issue payment in accordance with 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...”

Review of the MLN Matters® Number: MM7587 states in relevant part “Multiple surgeries are separate procedures performed by a single physician or physicians in the same group practice on the same patient at the same operative session or on the same day for which separate payment may be allowed. Co-surgeons, surgical teams, or assistants-at-surgery may participate in performing multiple surgeries on the same patient on the same day. Medicare pays for multiple surgeries by ranking from the highest MPFS amount to the lowest MPFS amount. When the same physician performs more than one surgical service at the same session, the allowed amount is 100% for the surgical code with the highest MPFS amount. The allowed amount for the subsequent surgical codes is based on 50% of the MPFS amount.”

Per 28 Texas Administrative Code §134.203 “(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title.”

The requestor seeks additional reimbursement for CPT codes 26497, 26497-59, 26485-59, 26485-59 and 35761-59 rendered on October 18, 2011.

The MAR amount for CPT code 26497 is \$1,643.60; CPT code 26497 is reimbursed at 100% of the MAR as it contains the highest MPFS amount. The insurance carrier paid \$1,309.22, the balance between the MAR and the insurance carrier payment is \$334.38, the requestor seeks \$250.78, and therefore this amount is recommended.

The MAR amount for CPT code 26497-59 is \$1,643.60, CPT code 26497 is reimbursed at 50% of the MAR. After applying the 50% reduction, the MAR amount for CPT code 26497-59 is \$821.80. The insurance carrier paid \$654.61; therefore, the requestor is entitled to an additional reimbursement in the amount of \$167.19.

The MAR amount for CPT code 26485-59 is \$1533.24; CPT code 26485 is reimbursed at 50% of the MAR as it contains the lowest MPFS amount. After applying the 50% reduction, the MAR amount for CPT code 26485 - 59 is \$155.96. The insurance carrier paid \$610.66; therefore, the requestor is entitled to an additional reimbursement in the amount of \$155.96.

The MAR amount for CPT code 26485-59 is \$1533.24; CPT code 26485 is reimbursed at 50% of the MAR as it contains the lowest MPFS amount. After applying the 50% reduction, the MAR amount for CPT code 26485- 59 is \$155.96. The insurance carrier paid \$610.66; therefore, the requestor is entitled to an additional reimbursement in the amount of \$155.96.

The MAR amount for CPT code 35761-59 is \$788.94; CPT code 26485 is reimbursed at 50% of the MAR as it contains the lowest MPFS amount. After applying the 50% reduction the MAR amount for CPT code 35761-59 is \$394.47, the insurance carrier paid \$314.22, therefore the requestor is entitled to an additional reimbursement in the amount of \$80.25.

2. Review of the submitted documentation finds that the requestor is entitled to additional reimbursement in the amount of \$810.14.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$810.14.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$810.14 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	<u>September 26, 2013</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).